



BUSINESS LICENSE APPLICATION

BUSINESS NAME				BUSINESS PHONE	
BUSINESS LOCATION (Cannot be P.O. Box)				BUSINESS FAX	
MAILING ADDRESS					
BUSINESS OWNER #1	OWNER'S HOME PHONE	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #	
HOME ADDRESS					
BUSINESS OWNER #2	OWNER'S HOME PHONE	DATE OF BIRTH	SOCIAL SECURITY #	DRIVER'S LICENSE #	
HOME ADDRESS				OWNERSHIP:	
RESALE NUMBER		FEDERAL I.D. NUMBER		STATE EMPLOYER ID NUMBER	
CONTRACTOR STATE LICENSE #		CLASSIFICATION		EXPIRATION DATE	
BUSINESS START DATE:		BUSINESS TYPE (Circle One) (SEE FEE SCHEDULE) Class A Class B Class C Class D Class E Class F Class G			
TYPE OF BUSINESS (DESCRIPTION)					
CONFIDENTIAL INFORMATION – In case of emergency, please contact: NAME				PHONE NUMBER	
ADDRESS					
ALARM COMPANY NAME				PHONE NUMBER	
ADDRESS					
NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call 1-800-400-7115.					
AUTHORIZED SIGNATURE: I hereby certify, under penalty of perjury, that the information in this application and any attachments is true, correct, and complete to the best of my knowledge, and that I will comply with the provisions of the Cathedral City Municipal Code and all laws regulating the operation of this business.					
Signature _____			Estimated Gross Receipts		\$
Print Name _____			Business License Fee		\$
Title _____ Date _____			Home Occupation Fee #		\$
PLEASE MAKE CHECKS PAYABLE TO: THE CITY OF CATHEDRAL CITY			Fire Inspection		\$
			Planning Inspection		\$
			Penalty %		\$
			Total Amount Due		\$